



Volunteer Application Form

Please complete both sides and return to

97 Hillview Avenue
Los Altos, 94022

Welcome to the City of Los Altos Volunteer Program. Completing this application is the first step in turning your talents and skills into positive action for your community. The information you provide will be used only in relation to volunteer assignments and will not be made available to the general public. Please PRINT CLEARLY.

NAME AND ADDRESS

Fields marked with '*' are required

* TODAY'S DATE		
* LAST NAME	* FIRST NAME	MR <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/>
* STREET ADDRESS		APT OR SUITE
* CITY	* STATE	* ZIP
HOME PHONE	* CELL PHONE	* EMAIL

PERSONAL INFORMATION

Please complete all entries that apply to you.

DATE OF BIRTH (MONTH/DAY)		
VOLUNTEER TYPE (IF AGE OVER 13 & UNDER 18 SELECT "YOUTH". OVER 18 SELECT "ADULT") <input type="checkbox"/> YOUTH <input type="checkbox"/> ADULT		
I HEARD ABOUT THE VOLUNTEER PROGRAM THROUGH (CHOOSE ONE) <input type="checkbox"/> CITY WEBSITE <input type="checkbox"/> FLIER <input type="checkbox"/> FRIEND OR RELATIVE <input type="checkbox"/> INTERNET <input type="checkbox"/> OTHER		
EDUCATION (CHOOSE ONE) OPTIONAL <input type="checkbox"/> HIGH SCHOOL/GED <input type="checkbox"/> AA DEGREE (2 YEAR) <input type="checkbox"/> BA/BS DEGREE <input type="checkbox"/> MA/MS OR PHD <input type="checkbox"/> HIGH SCHOOL STUDENT <input type="checkbox"/> OTHER		
EMPLOYMENT STATUS (CHOOSE ONE) OPTIONAL <input type="checkbox"/> EMPLOYED FULL TIME <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> PART TIME STUDENT/WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER		

EMERGENCY CONTACTS

FIRST NAME	LAST NAME	RELATIONSHIP	CELL/HOME PHONE
FIRST NAME	LAST NAME	RELATIONSHIP	CELL/HOME PHONE

ABOUT YOU

Please tell us which Department(s) you would like to volunteer for, your interests, skills and availability. Check all that apply.

INTERESTS:

- ARTS & CRAFTS
- EMERGENCY PREPAREDNESS
- INFORMATION TECHNOLOGY
- ADULT 50+ PROGRAM
- LITE MAINTENANCE SERVICES- ADULT 50+ PROGRAM
- GRANT WRITING
- SCULPTURE COMMITTEE
- ENVIRONMENT
- LIBRARY
- SPECIAL EVENTS
- OTHER – DESCRIBE BELOW
- CRIME PREVENTION
- GARDENING/PARKS
- NEIGHBORHOODS
- SPORTS & RECREATION
- EDUCATION
- GOVERNMENT
- YOUTH & TEEN ACTIVITIES

EVENTS/ACTIVITIES:

- COMMUNITY PICNIC
- SUMMER CAMPS
- CONCIERGE – LOS ALTOS COMMUNITY CENTER
- TINY TOTS PROGRAM
- ADULT 50+ PROGRAM
- SPECIAL EVENTS
- OTHER _____

SKILLS:

- ACCOUNTING
- COMPUTERS
- GRAPHIC DESIGN
- ORGANIZING EVENTS
- OTHER – DESCRIBE BELOW
- ARTS
- DATA ENTRY
- HOME REPAIR
- PHOTOGRAPHY
- SPORTS
- FINANCE
- NEWSLETTER EDITING
- RESEARCH
- COMMUNITY CLEAN-UP
- FOREIGN LANGUAGE
- OFFICE SUPPORT
- TUTORING & TRAINING

TIME AVAILABLE:

- MORNINGS
- FLEXIBLE
- AFTERNOONS
- WEEKLY
- EVENINGS
- MONTHLY
- WEEKENDS
- SUMMER ONLY

ADDITIONAL INFORMATION

Please indicate specific volunteer listings that interest you and any additional special skills, qualifications or certifications that you possess:

AGREEMENT TO SERVE: By submitting this application, I certify that all statements I have made on my application are true and correct and I hereby authorize the City of Los Altos to investigate the accuracy of this information. I am aware that fingerprinting is required for most assignments before placement for applicants 18 years of age and over. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. I give the City of Los Altos permission to use any photographs or videos of me taken during my service without obligation or compensation to me. I understand that the City of Los Altos reserves the right to terminate a volunteer’s services at any time. It is the policy of the City of Los Altos not to discriminate because of race, color, religion, sex, sexual orientation, marital status, national origin, age, or disability. Volunteers needing special accommodation to participate in any volunteer opportunity should submit a request to the Department of Human Resources, Volunteer Program, at time of application.

PARENTAL PERMISSION: I understand that the City requires that volunteers between the ages of 13 – 17 years provide a **Parental Permission Form** signed by their parent or legal guardian in order to volunteer.

VOLUNTEER SIGNATURE: _____

DATE: _____